

Maryland GoVAX COVID-19 Vaccine Pre-Registration Guide



Maryland GoVAX Pre-Registration Information



COVID-19 Vaccine

Statewide Pre-Registration System Mass Vaccination Sites

[Pre-Register](#)

Maryland GoVAX COVID-19 Vaccine Statewide Pre-Registration System

While COVID-19 vaccine supply is still limited, Maryland is prioritizing vaccines based on recipients' relative risk of exposure or developing a serious illness.

Please note Pre-Registration is for residents eligible in **Phase 1** at this time. Announcements will be made in the future when Pre-Registration for Phase 2 begins.

What does the Maryland Statewide Pre-Registration system do?

Adds you to the Pre-Registration List for our Mass Vaccination Sites.

Your information will be added to the COVID-19 vaccine pre-registration list. The pre-registration list will allow us to contact you when you are eligible to schedule an appointment to receive the vaccine at one of our Mass Vaccination Site locations: Six Flags America Theme Park, Regency Furniture Stadium (Blue Crabs Stadium), Wicomico Civic Center, Hagerstown Premium Outlets, M&T Bank Stadium.

Notifies you when it's your turn to make an appointment.

Due to limited supply of vaccines, it may take months before everyone will be eligible to be vaccinated.

Provides information about the COVID-19 vaccines through the screening process.

Does the Pre-Registration system schedule my appointment?

No, this is NOT an appointment.

Pre-registration does not schedule an appointment for you to get a vaccine, it is just the first step in the process. This is not a first come, first served list.

Based on availability of vaccine and your eligibility, you will be contacted via your preferred communications method (Call/Email/Text) with directions on how to schedule an appointment.

What happens when your Pre-Registration has been completed?

If you have Pre-Registered, you will be notified to schedule your vaccination when it is your turn.


We have collected your information in our system, and your pre-registration status is updated accordingly.

You will be notified via phone call, text and/or email based upon the information you provided in pre-registration with directions on how to schedule your vaccination appointment.

**How to pre-register
for a COVID-19 vaccine
at a Mass Vaccination
site**

Navigate to covidvax.maryland.gov/preregistration

1. Review the important information on the page
2. “**Pre-Register**” by clicking the red button at the top middle of the page to get started



The screenshot shows the Maryland GoVAX COVID-19 Vaccine Statewide Pre-Registration System website. At the top, there is a large orange banner with the GoVAX logo, which features a stylized 'G' in black and 'OVAX' in red, with a Maryland state flag motif in the 'O'. Below the logo, it says "Let's end COVID, Maryland." Below the banner, the text "COVID-19 Vaccine" is in red, followed by "Statewide Pre-Registration System Mass Vaccination Sites" in black. A red button labeled "Pre-Register" is centered, with a large red arrow pointing to it from the right. Below this, the heading "Maryland GoVAX COVID-19 Vaccine Statewide Pre-Registration System" is in red. A paragraph explains that while vaccine supply is limited, Maryland is prioritizing vaccines based on recipients' relative risk of exposure or developing a serious illness. A note states that pre-registration is for residents eligible in Phase 1 at this time, with announcements for Phase 2 to come. At the bottom, there are three columns of text answering common questions: "What does the Maryland Statewide Pre-Registration system do?", "Does the Pre-Registration system schedule my appointment?", and "What happens when your Pre-Registration has been completed?".

GoVAX
Let's end COVID, Maryland.

COVID-19 Vaccine
Statewide Pre-Registration System Mass Vaccination Sites

Pre-Register

Maryland GoVAX COVID-19 Vaccine Statewide Pre-Registration System

While COVID-19 vaccine supply is still limited, Maryland is prioritizing vaccines based on recipients' relative risk of exposure or developing a serious illness.

Please note Pre-Registration is for residents eligible in **Phase 1** at this time. Announcements will be made in the future when Pre-Registration for Phase 2 begins.

What does the Maryland Statewide Pre-Registration system do?	Does the Pre-Registration system schedule my appointment?	What happens when your Pre-Registration has been completed?
Adds you to the Pre-Registration List for our Mass Vaccination Sites.	No, this is NOT an appointment.	If you have Pre-Registered, you will be notified to schedule your vaccination when it is your turn.
Your information will be added to the	Pre-registration does not schedule an appointment for you to get a vaccine, it is	

3. After clicking “**Pre-Register**” on the previous page, you will be prompted and redirected to the “**Login**” screen.
 - a. If you have an existing OneStop account, enter your credentials, login and **skip to step 8**.
 - b. If you do not yet have an account, you can create an account by clicking “**Register**”.

The screenshot shows the Maryland GoVAX website. At the top right, there are links for "Login" and "Register". Below the header, the main banner features the "GoVAX" logo with a Maryland flag motif and the text "Let's end COVID, Maryland." A modal form titled "Login" is centered on the screen. The form includes a message "You must login to complete this form" with a close button. It has input fields for "Email *" and "Password *". Below these fields are links for "Forgot Your Password?", "Don't have an account? Register", and "Didn't receive confirmation instructions?". A red arrow points to the "Log in" button. The background of the website shows sections for "Statewide P...", "nation Sites", "Maryland GoVAX CO...", "Please note Pre-Registration is for...", "What does the Maryland...", "Does the Pre-Registration...", and "What happens when your Pre-".

Language Assistance Services Non Discrimination Notice and Accessibility Statement

GoVAX
Let's end COVID, Maryland.

Login

You must login to complete this form

Email *

Email

Password *

Password

Forgot Your Password?

Log in

Don't have an account? Register

Didn't receive confirmation instructions?

Statewide P... nation Sites

Maryland GoVAX CO

While COVID-19 vaccine supply is still limi... illness.

Please note Pre-Registration is for... when Pre-Registration for Phase 2

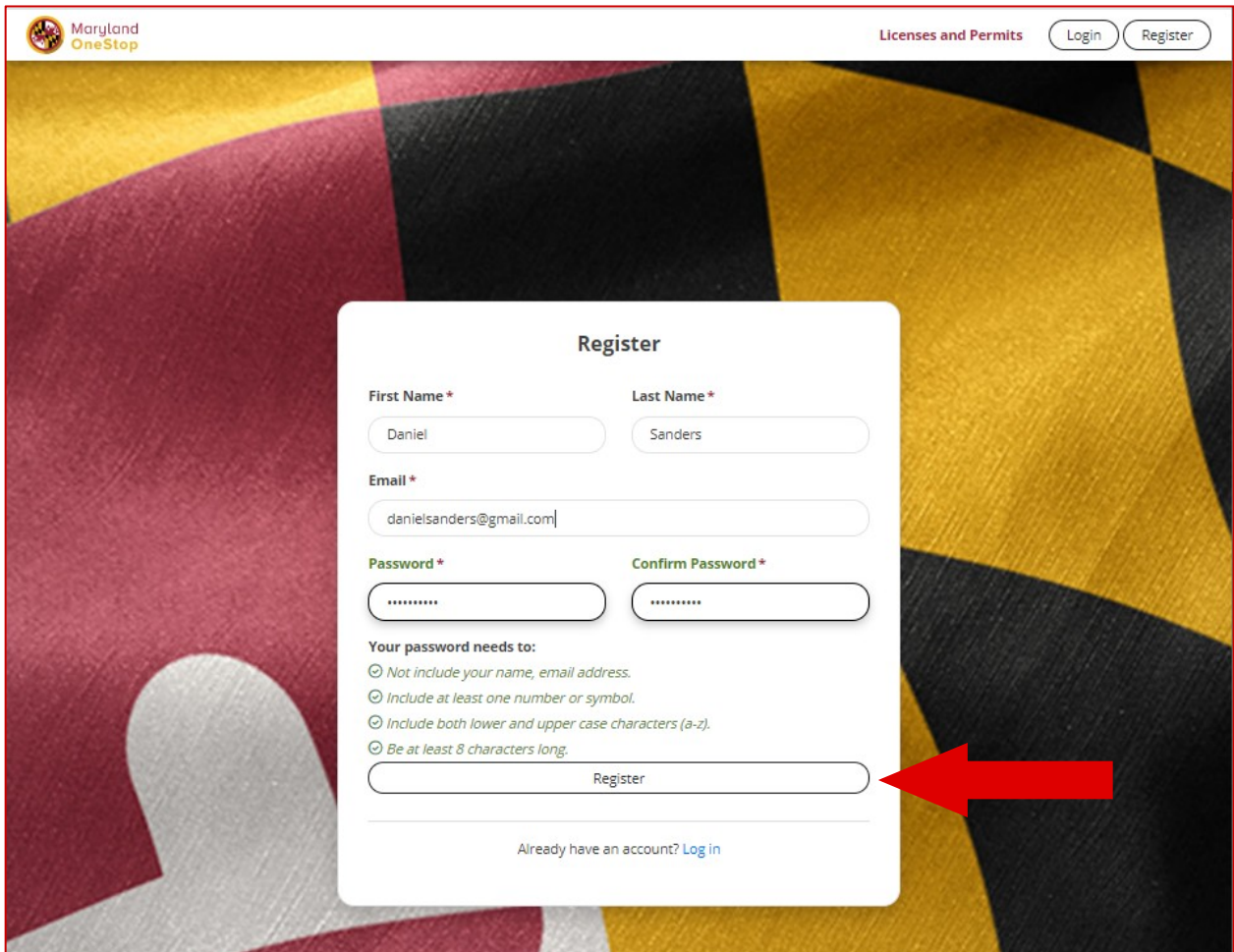
Registration System

sk or exposure or developing a serious

ts will be made in the future

What does the Maryland Does the Pre-Registration What happens when your Pre-

4. Once choosing the option to “**Register.**” The below screen will appear and provide fields where you can enter your personal details to create your OneStop account.
 - a. Once you have filled out this information, click the “**Register**” button at the bottom



The screenshot shows the Maryland OneStop website's registration page. The background is a large, abstract graphic with yellow, red, and black geometric shapes. A white registration form is centered on the page. At the top left of the page is the Maryland OneStop logo. At the top right, there are links for "Licenses and Permits", "Login", and "Register". The form itself has a title "Register" and several input fields: "First Name *" (containing "Daniel"), "Last Name *" (containing "Sanders"), "Email *" (containing "danielsanders@gmail.com"), "Password *" (masked with dots), and "Confirm Password *" (masked with dots). Below these fields, there is a section titled "Your password needs to:" followed by four requirements, each with a checked checkbox: "Not include your name, email address.", "Include at least one number or symbol.", "Include both lower and upper case characters (a-z).", and "Be at least 8 characters long." At the bottom of the form is a "Register" button, which is highlighted by a large red arrow pointing to it from the right. Below the button, there is a link that says "Already have an account? Log in".

Register

First Name * Last Name *

Daniel Sanders

Email *

danielsanders@gmail.com

Password * Confirm Password *

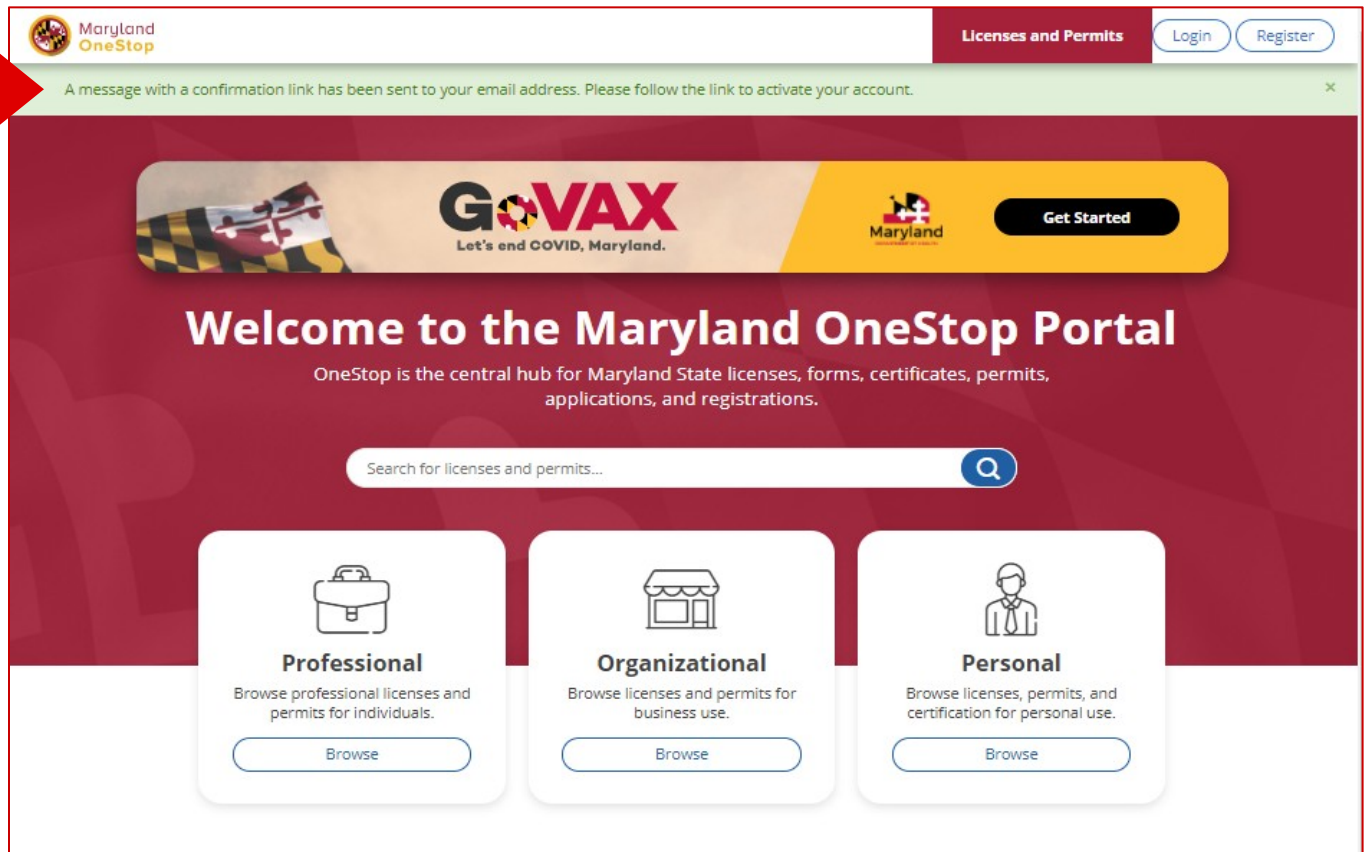
Your password needs to:

- ☑ Not include your name, email address.
- ☑ Include at least one number or symbol.
- ☑ Include both lower and upper case characters (a-z).
- ☑ Be at least 8 characters long.

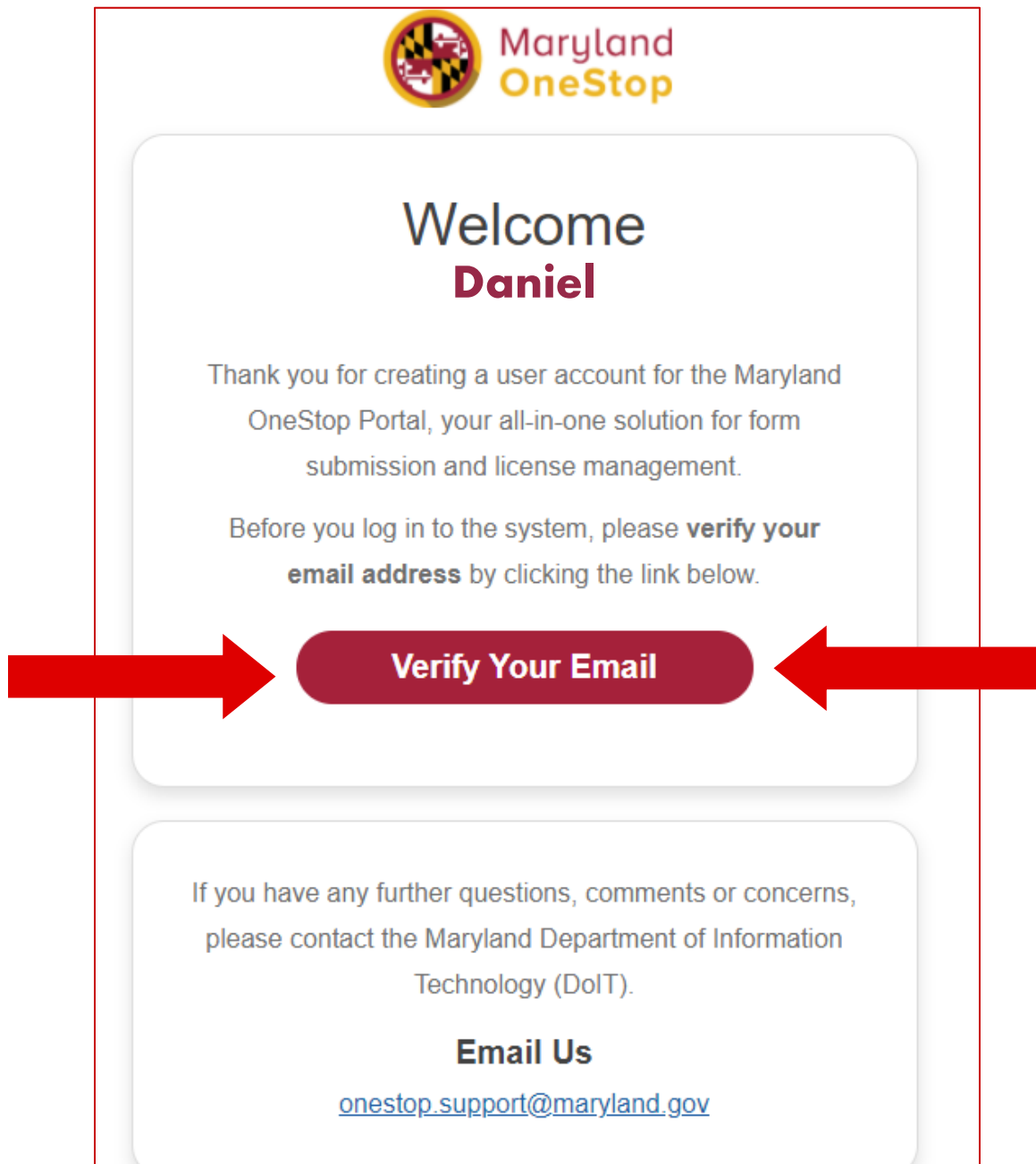
Register

Already have an account? [Log in](#)

5. After clicking the “**Register**” button at the bottom of the previous page, you will see a confirmation message at the top of the page that says “**A message with a confirmation link has been sent to your email address. Please follow the link to activate your account.**”



6. Navigate to your email to “**Activate**” your account by clicking the red “**Verify Your Email**” button confirmation within the body of the email



7. You are now directed back to the OneStop Portal login page where you are notified that ***“You have successfully verified your email”*** and you can now enter your login credentials. Click **“Log In”** at the bottom of the page to continue to the pre-registration process

Maryland OneStop

Licenses and Permits Login Register

Login

You have successfully verified your email. ✕

Email *

danielsanders@gmail.com

Password *

.....

[Forgot Your Password?](#)

Log In

[Don't have an account? Register](#)

8. Next, you are notified at the top of the page that you have “**Logged in successfully**”, and can now proceed on the Maryland GoVAX COVID-19 Pre-registration landing page by clicking the red “**Pre-Register**” button on the page

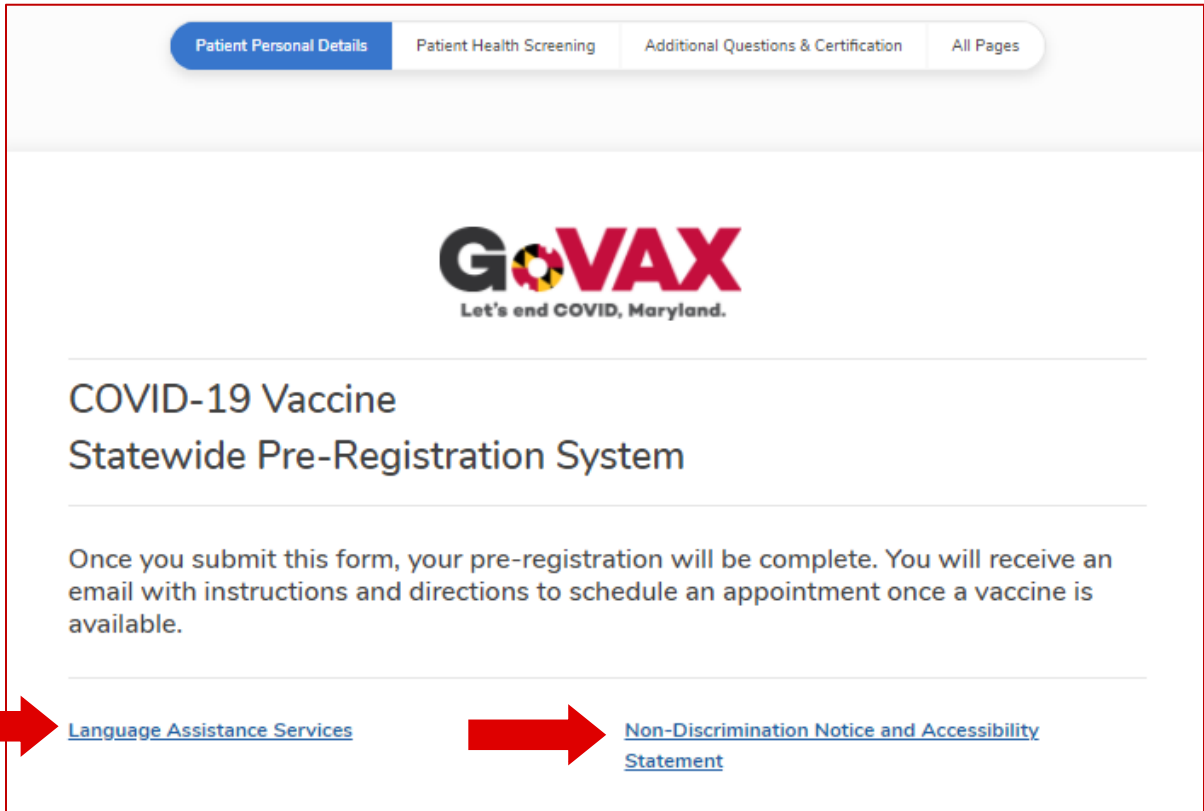


****If you need Language Assistance Services or would like to read through the Non-Discrimination and Accessibility Statement, click the links at the top right of the Pre-Registration landing page or on each page within the form for more information; shown below**

****Access to the Language Assistance Services link or the Non-Discrimination and Accessibility Statement link can also be found on each page of the pre-registration form**



****Access to the Language Assistance Services link or the Non-Discrimination and Accessibility Statement link can also be found on each page of the pre-registration form**

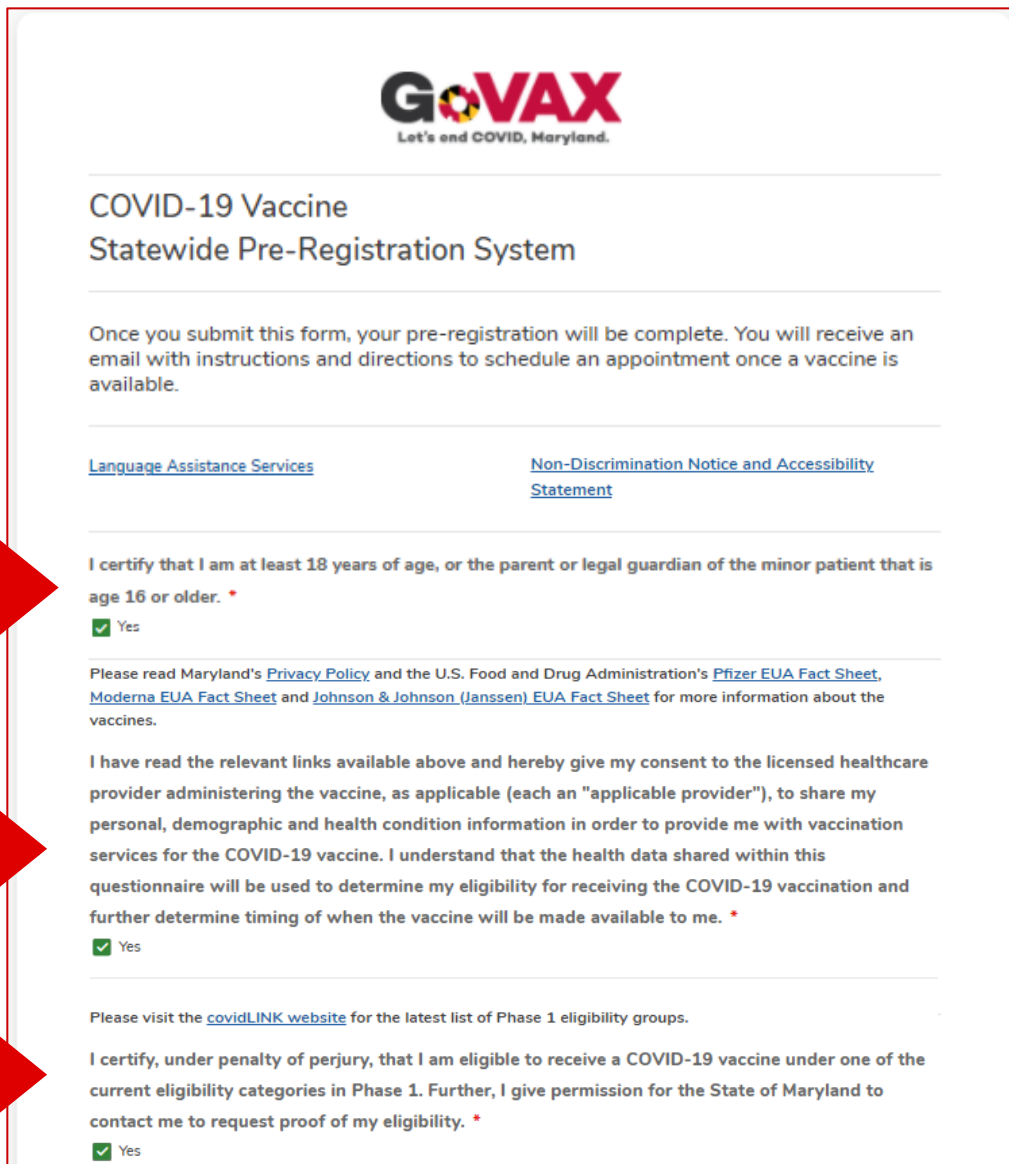


The screenshot shows a web form for the GoVAX COVID-19 Vaccine Statewide Pre-Registration System. At the top, there is a navigation bar with four tabs: "Patient Personal Details" (highlighted in blue), "Patient Health Screening", "Additional Questions & Certification", and "All Pages". Below the navigation bar is the GoVAX logo, which features the text "GoVAX" in black and red, with a Maryland state flag icon integrated into the "o". Below the logo is the tagline "Let's end COVID, Maryland.".

The main heading of the form is "COVID-19 Vaccine Statewide Pre-Registration System". Below this heading is a paragraph of text: "Once you submit this form, your pre-registration will be complete. You will receive an email with instructions and directions to schedule an appointment once a vaccine is available.".

At the bottom of the form, there are two links: "[Language Assistance Services](#)" and "[Non-Discrimination Notice and Accessibility Statement](#)". A red arrow points to the "Language Assistance Services" link, and another red arrow points to the "Non-Discrimination Notice and Accessibility Statement" link.

9. After clicking the red **“Pre-Register”** button, please read through the pre-registration form and complete all of the questions that have a **red asterisk***.
10. Begin by answering all of the certification questions if you certify that you are of age to receive the vaccine, that you have read the policies and consent to receiving the COVID-19 vaccine, and that you fall under one of the eligible categories in Phase 1 and give permission to request proof of eligibility as needed.



GoVAX
Let's end COVID, Maryland.

COVID-19 Vaccine Statewide Pre-Registration System

Once you submit this form, your pre-registration will be complete. You will receive an email with instructions and directions to schedule an appointment once a vaccine is available.

[Language Assistance Services](#) [Non-Discrimination Notice and Accessibility Statement](#)

I certify that I am at least 18 years of age, or the parent or legal guardian of the minor patient that is age 16 or older. *

☒ Yes

Please read Maryland's [Privacy Policy](#) and the U.S. Food and Drug Administration's [Pfizer EUA Fact Sheet](#), [Moderna EUA Fact Sheet](#) and [Johnson & Johnson \(Janssen\) EUA Fact Sheet](#) for more information about the vaccines.

I have read the relevant links available above and hereby give my consent to the licensed healthcare provider administering the vaccine, as applicable (each an "applicable provider"), to share my personal, demographic and health condition information in order to provide me with vaccination services for the COVID-19 vaccine. I understand that the health data shared within this questionnaire will be used to determine my eligibility for receiving the COVID-19 vaccination and further determine timing of when the vaccine will be made available to me. *


☒ Yes

Please visit the [covidLINK website](#) for the latest list of Phase 1 eligibility groups.

I certify, under penalty of perjury, that I am eligible to receive a COVID-19 vaccine under one of the current eligibility categories in Phase 1. Further, I give permission for the State of Maryland to contact me to request proof of my eligibility. *

☒ Yes

11. **If you are a Patient Representative**, and you are registering on behalf of someone else, you will fill out questions including your personal details including name, email and mobile phone number, how you would like to be contacted for the vaccine appointment of the patient, have the option to provide consent to receive text/SMS messages for the vaccination scheduling experience, and then proceed to fill out the patient personal details



Are you pre-registering to receive the COVID-19 vaccine for yourself? *

☐ Yes

☒ No

Please enter your contact details below. You will provide information for the individual receiving the vaccine in the next section.

Representative First Name * ⓘ

Representative Last Name *

Representative Primary Phone Number *

(555) 555-5555

Representative Email *

How would you like to be contacted to sign up for your appointment when it is your turn to receive a vaccine? *

☐ Digital (Text/SMS Message and Email)

☐ Phone Call

I consent to have Maryland send text/SMS messages to improve my appointment scheduling experience and provide me with site updates. If you want to receive text/SMS messages, please provide your mobile phone number in the primary phone number field above. ⓘ

☐ Yes

12. **If you are the Patient**, filling out the pre-registration form to receive the COVID-19 vaccine for yourself, click “**Yes**” for “**Are you pre-registering to receive the COVID vaccine for yourself?**”, and you can begin filling out all of the “**Patient Personal Details**” information shown below

Patient Personal Details

Please enter the patient's personal information in the following fields:

Patient Contact Information

Patient First Name * 

Patient Last Name *

Patient Middle Name

Patient Suffix

Patient Date of Birth *

Patient Gender *

- ☐ Female
☐ Male
☐ Other
☐ Choose Not to Disclose

Patient Race *

Patient Ethnicity *

Please select all the groups that best apply to you *

- ☐ All licensed, registered and certified health care providers
☐ Front line hospital staff
☐ Nursing home residents and staff
☐ Individuals with intellectual and developmental disabilities
☐ Assisted living, independent living, behavioral health and developmentally disabled group homes, and other congregate facilities
☐ Law enforcement and firefighters, EMS
☐ Educational facilities including: licensed childcare facilities; K-12: both public school systems and nonpublic schools; and higher educational institutions
☐ Correctional health care staff and officers
☐ Public safety workers not covered in Phase 1A
☐ Health care workers not covered in Phase 1A, including but not limited to lab services, public health, vaccine manufacturing and other health care professions
☐ Front line judiciary staff
☐ Continuity of government
☐ Food/agriculture production, critical manufacturing, U.S. Postal Service, public mass transit, grocery store employees
☐ Veterinarians and support staff
☐ Clergy and other essential support for houses of worship
☐ Adults age 65 or older
☐ None of the above

Please note, If you do not fall under any of the eligibility categories in Phase 1, or you are not 65 years of age or older, you will receive the error message below and you will not be able to proceed with completing the pre-registration form. If this is the case, please be advised that announcements will be made in the future when Phase 2 pre-registration begins

☒ None of the above

Based on the given responses, this patient does not qualify in the Phase 1 group criteria. Please check back when additional phases are added. Please visit the [covidLINK website](#) for more information.

13. Once you have filled out all the “**Patient Personal Details**” section as accurately as possible, click the blue “**Next**” at the bottom of the page and proceed to providing information for the “**Patient Health Screening**” questions

How would you like to be contacted to sign up for your appointment when it is your turn to receive a vaccine?

- ☒ Digital (Text/SMS Message and Email)
☐ Phone Call

I consent to have Maryland send text/SMS messages to improve my appointment scheduling experience and provide me with site updates. If you want to receive text/SMS messages, please provide your mobile phone number in the primary phone number field above. ⓘ

☒ Yes

Need help? Call us on 1-855-MD-GOVAX (1-855-634-6829) for assistance. For more information on the COVID-19 vaccine, visit the [covidLINK website](#) or [CDC Link](#).



Next

14. Now you will provide the “**Patient Health Screening**” information to ensure that you safely receive the vaccine. You are asked if this is your first COVID-19 dose, a few questions about your medical history, and if you will need assistance getting to the vaccination site as well as any accommodations while you are onsite receiving your vaccine

Patient Health Screening

[Language Assistance Services](#)[Non-Discrimination Notice and Accessibility Statement](#)

Please access this [CDC link](#) for more information regarding the information below.

Have you previously received the COVID-19 vaccine? *

☐ Yes

☐ No

Have you tested positive for COVID-19 within the last 10 days? * ⓘ

☐ Yes

☐ No

Have you received monoclonal antibodies or convalescent plasma for COVID-19 within the last 90 days? * ⓘ

☐ Yes

☐ No

Do you have a history of an anaphylactic reaction or a severe allergic reaction that required going to the hospital or using an epi pen, such as after vaccination, medication, food, insect bite, or from anything else? * ⓘ

☐ Yes

☐ No

Do you have a fever or feel sick today? * ?

- ☐ Yes
☐ No

Have you received any other vaccinations in the last 14 days? * ?

- ☐ Yes
☐ No

Do you have a weakened immune system caused by something such as HIV infection or cancer, or do you take immunosuppressive drugs or therapies? * ?

- ☐ Yes
☐ No

Are you pregnant or breastfeeding? * ?

- ☐ Yes
☐ No

Do you have a bleeding disorder or are you taking a blood thinner? * ?

- ☐ Yes
☐ No

Do you need assistance getting to the vaccination site? *

- ☐ Yes
☐ No

Do you need additional accommodations when receiving your vaccine on site? * ?

- ☐ Yes
☐ No

15. Please note, if you have already received your first vaccination, you will have to enter the date of your first dose via the “**Calendar Selector**,” manufacturer of your first dose as well as answer a different set of screening questions. If you select “**Johnson & Johnson – Janssen**” as the first vaccine you received, the following message will pop up under the question “**PLEASE NOTE: a person is fully vaccinated after one shot of the Johnson & Johnson vaccine**”

As this message appears, you will not need to proceed to completing the pre-registration form as you will not need to receive another vaccine.

Patient Health Screening

[Language Assistance Services](#)[Non-Discrimination Notice and Accessibility Statement](#)

Please access this [CDC link](#) for more information regarding the information below.

Have you previously received the COVID-19 vaccine? *


☒ Yes
☐ No

What day did you receive the COVID-19 vaccine? *

02/25/2021

Which vaccine did you get for your first dose? (i.e., Pfizer, Moderna, Johnson & Johnson - Janssen) *

☐ Pfizer - BioNTech
☐ Moderna
☒ Johnson & Johnson - Janssen
☐ Other

 **PLEASE NOTE: a person is fully vaccinated after one shot of the Johnson & Johnson vaccine.**

**** If you select “Other” as the first vaccine you received, a free text box will appear, and you will need to specify which vaccine you received for your first dose**

Patient Health Screening

[Language Assistance Services](#)

[Non-Discrimination Notice and Accessibility Statement](#)

Please access this [CDC link](#) for more information regarding the information below.

Have you previously received the COVID-19 vaccine? *

- ☒ Yes
☐ No

What day did you receive the COVID-19 vaccine? *

02/28/2021



Which vaccine did you get for your first dose? (i.e., Pfizer, Moderna, Johnson & Johnson - Janssen) *

- ☐ Pfizer - BioNTech
☐ Moderna
☐ Johnson & Johnson - Janssen
☒ Other

Please specify which vaccine you received: *



16.If you have not previously received the COVID-19 vaccine, but you have tested positive for COVID-19 within the last 10 days, select “**Yes**” to this question and use the “**Calendar Selector**” to indicate what day you tested positive for COVID-19

Patient Health Screening

[Language Assistance Services](#)

[Non-Discrimination Notice and Accessibility Statement](#)

Please access this [CDC link](#) for more information regarding the information below.

Have you previously received the COVID-19 vaccine? *

- ☐ Yes
☒ No

Have you tested positive for COVID-19 within the last 10 days? * ?

- ☒ Yes
☐ No

What day did you test positive for COVID-19? *

02/10/2021



17.If you have not previously received the COVID-19 vaccine, but you have received monoclonal antibodies or convalescent plasma for COVID-19 within the last 90 days, select “**Yes**” to this question and use the “**Calendar Selector**” to indicate when you received these antibodies/plasma

Have you received monoclonal antibodies or convalescent plasma for COVID-19 within the last 90 days? * ?

- ☒ Yes
☐ No

When did you receive monoclonal antibodies or convalescent plasma for COVID-19? *

MM/DD/YYYY



*****Please note, if you are unsure of how to answer any of the health screening questions or need better clarification of the meaning, please reference the information icon tool tips for more information as shown below***

Have you received any other vaccinations in the last 14 days? * ⓘ

- ☐ Yes
☐ No

Do you have a weakened immune system caused by something such as HIV infection or cancer, or do you take immunosuppressive drugs or therapies? * ⓘ

- ☐ Yes
☐ No

Are you pregnant or breastfeeding? * ⓘ

- ☐ Yes
☐ No

If you are on a blood thinner or have a bleeding disorder, it is recommended you press on the injection site for at least two minutes without rubbing that area.

Do you have a bleeding disorder or are you taking a blood thinner? * ⓘ

- ☐ Yes
☐ No


Do you need assistance getting to the vaccination site? *

- ☐ Yes
☐ No

Do you need additional accommodations when receiving your vaccine on site? * ⓘ

- ☐ Yes
☐ No

18. If you are a patient that requires additional accommodations on site, select **“Yes”** to **“Do you need additional accommodations when receiving your vaccine on site?”**. Once you have selected **“Yes”** you can choose if you require **“Language Services”** and/or **“Disability Services accommodations”**.



Do you need additional accommodations when receiving your vaccine on site? * ⓘ

☒ Yes

☐ No

Do you need an accommodation for language services? *

☐ Yes

☐ No

Do you need an accommodation for disability services? *

☐ Yes

☐ No

Need help? Call us on 1-855-MD-GOVAX (1-855-634-6829) for assistance. For more information on the COVID-19 vaccine, visit the [covidLINK website](#) or [CDC Link](#).

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****If you require “Language Services” accommodations, select “Yes” and choose all language services you require. If you require a “Language Interpreter”, please select the language you prefer to speak.**

Do you need an accommodation for language services? *

- ☒ Yes
☐ No

Please select all the language services you require *

- ☐ ASL Interpreter
☐ Tactile ASL Interpreter
☒ Language Interpreter
☐ Other



Please select the language you prefer to speak *

- ☐ Español/Spanish
☐ አማርኛ/Amharic
☐ العربية/Arabic
☐ ፑላላ -wùḍù-po-nyò/Bassa
☐ 中文/Chinese
☐ فارسی/Farsi
☐ Français/French
☐ ગુજરાતી /Gujarati
☐ kreyòl ayisyen/Haitian Creole
☐ Igbo/Igbo
☐ 한국어/Korean
☐ Português/Portuguese
☐ Русский/Russian
☐ Tagalog/Tagalog
☐ اردو/Urdu
☐ Tiếng Việt/Vietnamese
☐ Yorùbá/Yoruba
☐ Other

****If you require “Disability services”, Please select all the options that you require.**

Once “**Other**” is selected for this question, please enter the specific disability services required

Please select all the disability services you require *

- ☐ Braille
- ☐ Large print
- ☐ Accompanied by support person
- ☐ Assisted listening device
- ☐ Assistive technology
- ☒ Other

Please describe any other disability services you require *



19. After filling out the “**Patient Health Screening**” page, click the blue “**Next**” button at the bottom of the page to proceed to “**Additional Questions & Certification**”.

Here you are given the chance to choose 2 preferred mass vaccination site locations. You may choose from the site location of the following:

- Six Flags America Theme Park
- Regency Furniture Stadium
- Wicomico Civic Center
- Hagerstown Premium Outlets
- M&T Bank Stadium.

After this step, you will need to certify that you attest that all the information you provided is accurate to the best of your knowledge

Additional Questions & Certification

[Language Assistance Services](#)

[Non-Discrimination Notice and Accessibility Statement](#)

Please select your 1st Mass Vaccination Site preference: *

- ☐ Six Flags America Theme Park - 13710 Central Ave., Bowie, MD 20721
- ☐ Regency Furniture Stadium (Blue Crabs Stadium) - 11765 St Linus Dr, Waldorf, MD 20602
- ☒ Wicomico Civic Center - 500 Glen Ave, Salisbury, MD 21804
- ☐ Hagerstown Premium Outlets - 900 Premium Outlets Blvd, Hagerstown, MD 21740
- ☐ M&T Bank Stadium - 1101 Russell St., Baltimore, MD 21230

Please select your 2nd Mass Vaccination Site preference (optional):

- ☐ Six Flags America Theme Park - 13710 Central Ave., Bowie, MD 20721
- ☐ Regency Furniture Stadium (Blue Crabs Stadium) - 11765 St Linus Dr, Waldorf, MD 20602
- ☐ Wicomico Civic Center - 500 Glen Ave, Salisbury, MD 21804
- ☐ Hagerstown Premium Outlets - 900 Premium Outlets Blvd, Hagerstown, MD 21740
- ☒ M&T Bank Stadium - 1101 Russell St., Baltimore, MD 21230

I hereby certify and attest that the information provided in this form is accurate to the best of my knowledge. *

☒ Yes

Need help? Call us on 1-855-MD-GOVAX (1-855-634-6829) for assistance. For more information on the COVID-19 vaccine, visit the [covidLINK website](#) or [CDC Link](#).

20. Click the blue “**Next**” button at the bottom of the page to Continue

Additional Questions & Certification

[Language Assistance Services](#)[Non-Discrimination Notice and Accessibility Statement](#)

Please select your 1st Mass Vaccination Site preference: *

☐ Six Flags America Theme Park - 13710 Central Ave., Bowie, MD 20721

☐ Regency Furniture Stadium (Blue Crabs Stadium) - 11765 St Linus Dr, Waldorf, MD 20602

☒ Wicomico Civic Center - 500 Glen Ave, Salisbury, MD 21804

☐ Hagerstown Premium Outlets - 900 Premium Outlets Blvd, Hagerstown, MD 21740

☐ M&T Bank Stadium - 1101 Russell St., Baltimore, MD 21230

Please select your 2nd Mass Vaccination Site preference (optional):

☐ Six Flags America Theme Park - 13710 Central Ave., Bowie, MD 20721

☐ Regency Furniture Stadium (Blue Crabs Stadium) - 11765 St Linus Dr, Waldorf, MD 20602

☐ Wicomico Civic Center - 500 Glen Ave, Salisbury, MD 21804

☐ Hagerstown Premium Outlets - 900 Premium Outlets Blvd, Hagerstown, MD 21740

☒ M&T Bank Stadium - 1101 Russell St., Baltimore, MD 21230


I hereby certify and attest that the information provided in this form is accurate to the best of my knowledge. *

☒ Yes

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21. On the next page “**All Pages**”, you will be prompted to verify your information within the form. Check the pre-registration form to make sure everything is correct.

Patient Personal Details

Patient Health Screening

Additional Questions & Certification

All Pages



COVID-19 Vaccine Statewide Pre-Registration System

Once you submit this form, your pre-registration will be complete. You will receive an email with instructions and directions to schedule an appointment once a vaccine is available.

[Language Assistance Services](#)[Non-Discrimination Notice and Accessibility Statement](#)

I certify that I am at least 18 years of age, or the parent or legal guardian of the minor patient that is age 16 or older. *

☒ Yes

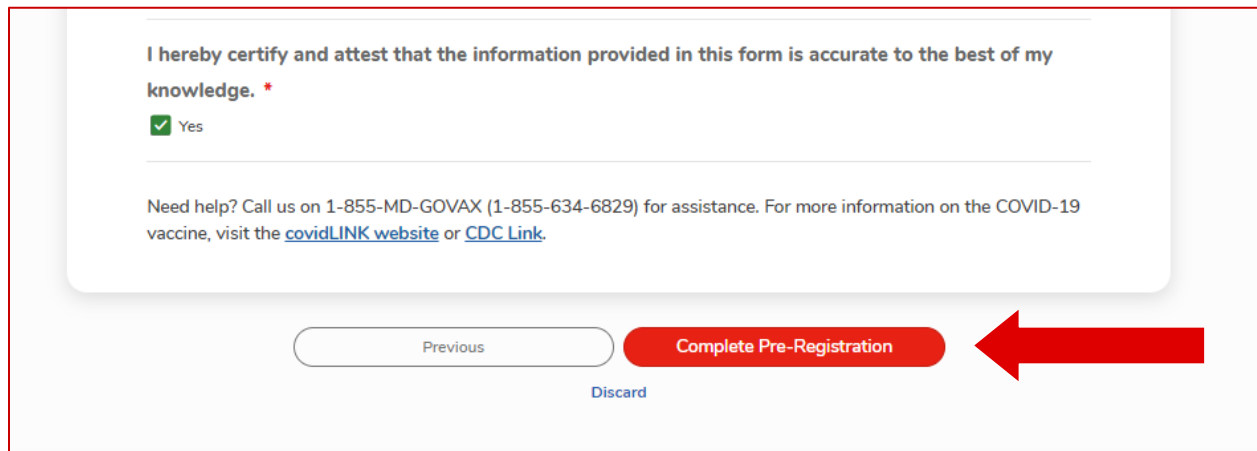
Please read Maryland's [Privacy Policy](#) and the U.S. Food and Drug Administration's [Pfizer EUA Fact Sheet](#), [Moderna EUA Fact Sheet](#) and [Johnson & Johnson \(Janssen\) EUA Fact Sheet](#) for more information about the vaccines.

I have read the relevant links available above and hereby give my consent to the licensed healthcare provider administering the vaccine, as applicable (each an "applicable provider"), to share my personal, demographic and health condition information in order to provide me with vaccination services for the COVID-19 vaccine. I understand that the health data shared within this questionnaire will be used to determine my eligibility for receiving the COVID-19 vaccination and further determine timing of when the vaccine will be made available to me. *

☒ Yes

****If the information is not correct, please make changes directly on the “All Pages” page.**

If the information is correct, click the red **“Complete Pre-Registration”** button at the bottom of the page (shown in the above screenshot)



I hereby certify and attest that the information provided in this form is accurate to the best of my knowledge. *

☒ Yes

Need help? Call us on 1-855-MD-GOVAX (1-855-634-6829) for assistance. For more information on the COVID-19 vaccine, visit the [covidLINK website](#) or [CDC Link](#).

[Previous](#) [Complete Pre-Registration](#) [Discard](#)

A large red arrow points to the "Complete Pre-Registration" button.

22. After you click “**Complete Pre-Registration**”, you will be shown a Confirmation page with the message at the top of the page “**You have successfully submitted the form. View your submission below.**”



The screenshot displays the Maryland OneStop website interface. At the top, the Maryland OneStop logo is on the left, and navigation links for "Licenses and Permits" and "My Dashboard" are on the right. A green banner across the top of the main content area contains the message: "You have successfully submitted the form. View your submission below." Below this banner, the heading "Maryland GoVAX COVID-19 Vaccine Statewide Pre-Registration System" is shown in blue, followed by a "Print" button. Underneath the heading, it states "Submitted by Daniel Sanders Mar 10th, 2021 at 4:02 pm" and "Status: Completed". The main content area features a large white box with the GoVAX logo (which includes the Maryland state flag) and the tagline "Let's end COVID, Maryland." Below the logo, the text "COVID-19 Vaccine" and "Statewide Pre-Registration System" is displayed.

Congratulations! You have now pre-registered to receive a COVID-19 Vaccine at one of Maryland’s Mass Vaccination site locations.

23. Check your email for a confirmation email titled “**Successful Pre-registration for the COVID-19 Vaccine**” and once it is your turn, you will be notified via phone call, text and/or email with directions on how to schedule your vaccination appointment.



Hello
Daniel

THIS IS NOT A VACCINATION APPOINTMENT!

Congratulations! You have successfully pre-registered for the COVID-19 vaccine. We have verified your information, and your pre-registration status has been updated.

You will be notified via phone call, text and/or email based upon the information you provided in pre-registration along with direction on how to schedule your vaccination appointment.

Thank you for taking the first step to getting vaccinated.

If you have any questions or need to update your pre-registration information, please call 1-855-MD-GOVAX (1-855-634-6829).

[View Submission](#)